DOCUMENT RESUME

ED 058 677 EC 040 888

AUTHOR	Deno, Evelyn
TITLE	Special Education Delivery: The Need for Reform.
INSTITUTION	Council for Exceptional Children, Arlington, Va. Information Center on Exceptional Children.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	Jan 72
NOTE	15p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Educational Needs; *Educational Objectives; Educational Philosophy; Educational Trends; *Exceptional Child Education; *Handicapped Children

ABSTRACT

Special education, it is stated, must reform its modus operandi on many fronts to reach the goal of equal educational opportunity for all children. It is shown that our educational systems violate the dignity and personal integrity of many children, and that we must stop making economic advantage the primary criterion for judging the adequacy of educational efforts for all children. Several criticisms of special education point out where it has erred, such as in following a medical model too closely. Enumerated are eight factors which are fueling the slow movement away from the traditional categorical disease model approach. In assessing how special education is doing we are seen to be using inadequate criteria. To combat discouragement, the real achievements which have been made for handicapped children since 1930 are reviewed. Suggestions of priority are advanced for improving service. The nine recommendations concern state role, cross categorical orientation, use of federal funds, program evaluation, and other program features. It is concluded that, if action is not taken, instructional practices of demonstrated inefficiency will be perpetuated and resources will be wasted. (KW)

ED 058677

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CEC Information Center

EC 040 228

ED 058677

Imprint

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Evelyn Deno

Publication Date: January, 1972

A product of the CEC Information Center (CEC ERIC Clearinghouse), The Council for Exceptional Children, Jefferson Plaza, Suite 900, 1411 South Jefferson Davis Highway, Arlington, Virginia 22202

The work presented or reported herein was performed pursuant to a Grant from the Bureau of Education for the Handicapped, US Office of Education, Department of Health, Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the US Office of Education and no official endorsement by the US Office of Education should be inferred.

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SPECIAL EDUCATION DELIVERY: THE NEED FOR REFORM

Evelyn Deno

Evelyn Deno is Professor of Educational Psychology at the University of Minneapolis in Minnesota. She considers her consultative services to Education Professions Development Act (EPDA) projects a very important activity. This US Office of Education program, directed at improving the competencies of all teachers through numerous projects, provides inservice training for regular classroom teachers to help them deal more effectively with handicapped children in their classes. Dr. Deno has held other professional positions as Director of Special Education in the Minneapolis Public Schools and Director of the Psychoeducational Center at the University of Minnesota. She has also been a diplomate in school psychology in the American Psychological Association and has taught both elementary and special education. She is Chairman of the Minnesota Governor's Advisory Committee on Handicapped Children and is former Chairman of the CEC National Legislative Committee.

Special education must reform the way it addresses its responsibilities on several fronts to meet its current challenge to perform more effectively at two critical boundaries as well as within the realm of the direct services which it supplies. The boundary problems are rising to critical pitch because the right of children to receive proper attention for their needs is finally being confirmed through court action and the aroused demand of citizen and professional advocates.

The critical boundaries at which failure screams for correction are (a) the unsteady, hard to describe line between regular and special education at which a child is defined as requiring special education services, i.e. educationally handicapped and (b) the outside boundary representing the degree of deviation which a school system says it is willing to tolerate, i.e. the group of children the school system feels it has a right to exclude.

Special education needs to reform its modus operandi on many fronts if the goal of equal educational opportunity for all children is to be reasonably approximated.

Special education has contributed to malaise at both boundaries by practices which too easily relieve the need for maximum accommodation of difference within the educational mainstream and by its failure to enter into effective interface at the outside limit with other agencies providing treatment services for severely handicapped children. Special education needs to reform its modus operandi on many fronts if the goal of equal educational opportunity for all children is to be reasonably approximated.

We and Our Shadow

Many contend that a good way to understand a society is to observe how it deals with its deviants. Reading our past statements of commitment to children (e.g. The Children's Charter, 1930) and comparing these with how we have actually treated handicapped youth, an observer might wonder whether we have failed to read our own platforms or whether we are the victims of a paralysis of will which leaves us verbalizing ideals we have long given up hope of attaining.

Probably neither of these conclusions is valid but neither can we claim that our record is good and our house is in order. We move, but we move so slowly that the problems mount faster than our solutions can cope with them. Worse still, it appears the kinds of solutions we have been promoting may be creating conditions which exacerbate the very problems we are hoping to relieve.

This paper will examine three claims and outline some directions we might take to improve our performance in meeting the needs of youth with special problems. It points out:

1. We cannot achieve equal educational opportunity for those who are exceptional until we stop making economic advantage our primary criterion for judging the adequacy of our efforts for all children and youth.
2. We are in an era of significant change in the approaches by which we offer help to those who are exceptional. The changes will affect handicapped persons of all ages.
3. We know how to do better than we are doing and are eager to improve our performance and its accountability.

What Criterion Shall Govern Our Choices?

If we expect to develop better educational systems we must start with recognition that any theory of instruction is necessarily a political theory (Bruner, 1970). What

a society supports and how it allocates its resources reveal what it values. This is nowhere more vividly indicated than in the way the public asks the schools to shape its children or the kinds of activities it supports in the name of education.

In a provocative paper Krippner (1970) asks what we are trying to do for boys and girls when we intervene formally in their learning. He like many others before him concludes that the primary goal of education should be self actualization of the individuals served, not the preparation of individuals to fit existing social slots which are determined mainly by economic considerations.

If self actualization were truly the major target of the educational process, schools would proceed differently than they now do.

If self actualization were truly the major target of the educational process, schools would proceed differently than they now do. Education directed to self actualization would assume individual difference would be accentuated if an educational process directed to that goal were successful; deviation from the norm on standardized tests might be viewed less as pathology than it now is. People now regarded as handicapped might take their place among all of us, all different, all cherished for whatever we are, and all attuned to mutual facilitation of each other's self realization rather than fierce competition for material advantage and prestige.

Humanistic purposes have already been enunciated for special education as they have for all of education. The problem is that we depart so drastically from that course in what we do. For the children whom our behavior affects, the medium does indeed become the message. Our actions speak louder than our words. If we really mean it when we say that self actualization should be the major end of the educational effort, we must act as though we do. If society is not willing to support this direction we need to know that too.

What direction will change take? Looking forward to what directions communities are likely to allow their schools to take in the years immediately ahead, Green (1969) concludes that the forms of education seen today are likely to prevail in the longrun. He arrives at this conclusion by reasoning from assumptions that the functions of the schools tend to be shaped by the actual consequences of schooling, the values these consequences reflect, and whether the ideological support necessary to maintain these consequences is present in the communities served by the schools. He doubts that our social order has changed sufficiently to allow us to establish a new educational order which does not assess the schools by the usefulness of their products to other institutions of society—most notably its economic and military institutions. Humanistic education (i.e., "that education in which the primary function of the schools is to cultivate the 'independence' of each 'individual' and to develop each person to the fullest" [Green, 1969, p. 235]) is seen not only as an unattainable ideal but is seldom operationalized in actual conduct of the schools. His contention is that in the long run the community will not support such an orientation.

The most politically powerful consumers of special education services (organized parent groups) probably never have been concerned primarily with the value of their children's training to the country's economy.

We contend that in educating handicapped children communities have supported and will continue to support self actualization as a primary purpose and to accept its embodiment in the conduct of helping services. Though the economic argument has been used by advocates for handicapped children (Weintraub, 1970), we suspect this line of argument is mainly a rationalization which provides the legislator with "responsible" public justification for doing what he was sympathetically inclined to do anyway. Furthermore, the emphasis has done a good service in requiring some accountability from service vendors. Nevertheless, the most politically powerful consumers of special education services (organized parent groups) probably never have been concerned primarily with the value of their children's training to the country's economy. The military are seldom interested in the physically and mentally handicapped. The functioning of the economic order is not dependent upon the ability of low incidence groups as the handicapped to fill job slots, though many fill jobs effectively if given opportunity to support themselves. The concern runs in the reverse direction; the handicapped seek jobs to actualize themselves. Since employment is given such high value in our society, they want and need a piece of that action for their own self realization, just as almost everyone else is conditioned by our culture to want this.

The point of our argument is that education for handicapped individuals has been undertaken for humanistic reasons and can be so maintained. No other motive is sufficient to explain the dedicated investment of so many people in learners whose achievements may be so meager in terms of the usual socioeconomic referents but so rich in the reward of their own satisfaction with what they have accomplished.

We believe it can be argued that society is best served by its investment in help for the handicapped precisely because its payoff is in humanitarian, not economic, consequences. This activity operates as a leaven in the loaf of the entire educational establishment. It is an

ever present reminder that alternative emphases are possible. Furthermore, we have repeatedly seen demonstrations of instructional approaches which succeed when less apt learners quickly become part of regular education's armamentarium, which is as it should be.

When it is argued that self actualization is not an unattainable goal, the counter argument can be advanced that theoretically this may be so, but actually more could be attained in action than we have commonly permitted ourselves to attempt. Doubters have only to look at the best of what we have been able to provide for our handicapped youth.

Maslow (1969), who directed attention to the need for self actualization as the epitome in a hierarchy of human motives, acknowledges that the limits of human potential are essentially unknowable. In an age when demand for accountability rides high in the saddle, it is embarassing not to be able to produce precise formulations of performance objectives stated in measurable behavioral terms. However, knowledge that we are never likely to attain an ideal state or overcome difficulties of objectively demonstrating our goal achievements should not determine whether or not we try to approximate the ideal as best we can.

Though special education can try to maintain its basic goal of self actualization for those it serves, it cannot fully realize that goal until this purpose is reflected in the education of all.

Though special education can try to maintain its basic goal of self actualization for those it serves, it cannot fully realize that goal until this purpose is reflected in the education of all. Until this happens exceptional people will not be able to move freely across delivery system boundaries without violation of the basic philosophic premises through which they relate to the different educational communities with which they must interact. The norm referenced, managerial emphasis of regular education geared to economically defined product outcomes remains a major barrier to acceptance of those who deviate too much from expectancy in the educational mainstream. This point is recognized in the focus given to the special education program of the Education Professions Development Act. In this case the program is directed to increasing mainstream education's capacity to accommodate the needs of handicapped children. True integration requires more than bodily presence.

Our Mistakes Are Showing

As the Coleman report (1966), the Silberman study (1970), the reports of the HEW Urban Task Force (1970), the report of the Boston Task Force on Children Out of School (1970), and a host of other publications indicate, our educational systems now function in ways that violate the dignity and personal integrity of many of our children. Special educators look at some of the unanticipated effects of their own efforts, find themselves dissatisfied, and determine to do better (Deno, 1970b; Dunn, 1968; Lilly, 1970; Reynolds, 1966; Trippe, 1971). Evidence cannot be ignored that earnest statements of philosophy and dedicated input are not by themselves sufficient to translate high purposes into goal effective action.

. . . our educational systems now function in ways that violate the dignity and personal integrity of many of our children.

In appraising their performance, special educators have probed to find the origins of some of their unintentional departures from course and have identified what some of the distractors may be. Like any social solution, special education practice is the inevitable product of its history. That history needs to be understood to identify where wrong turns may have been taken and where side effects diverted the effort from its major direction.

Where did we come from? We have arrived where we now are from Spartan origins which dealt with the problem of handicapped children by exposing them to the elements so nature could take its course. The exigencies of existence in early cultures probably forced concern for the basic survival needs of the group.

We survived an Aristotlean era which assumed that some were born to lead, some to follow, and some had no inherent right to live. Socrates noted in The Republic, Book Three:

> Then you will establish in your state physicians and judges such as we have described. They will look after those citizens whose bodies and souls are constitutionally sound. The physically unsound they will leave to die. And they will actually put to death those who are incurably corrupt in the mind.

Many early political forms took it for granted that some kind of human pecking order was inevitable even when the material resources for human survival were greater.

Something, perhaps a vague, ill defined sense of unworthiness on the part of the advantaged, keeps us striving for explanations of why some should be blessed and some deprived and generates fewer feelings of guilt among the favored. So we vacillate from explanations that attribute any differences to rewards or punishments which are the result of the individual's own wrongdoing to presumptions that disadvantageous conditions are the result of the unknowable will of the gods or other unpredictable forces for whose effect we cannot be held personally responsible.

The notion that man might have some control over his own destiny is apparently of relatively recent origin in the life of the human race, and we have tried various routes for achieving whatever perfection we envision. Rousseau's belief in correctability through education combines with a strong Puritan belief in salvation through "works" and a residue of our earlier belief that differences are "born to be" to put us where we are today in our attitudes about the rights of exceptional children and our obligation to protect these rights. As with all cultural change, there is unevenness. Cultural lags and progressive ideas influence individuals' stands with respect to such beliefs. Institutions lag behind individuals in their ability to change. These dissonances confuse our sense of direction and emerge as controversies when critical choices must be made.

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Entry of Freud's "unconscious" into consideration of why people may act differently than we would predict has served to weaken the belief in free will which undergirded the assumption that an individual could be held accountable for his nonconformity. Seeking less punitive explanations for deviance and an orientation that implied correctability, we began to maintain that "mental illness was an illness like any other illness." The problem was and is that mental illness has to be inferred from behavior as long as the presence of pathology is not demonstrable through tissue change or other objective documentation of the offending disease agent. The danger is that we move all too easily from considering those whose behavior disturbs us as "sick" to using their "sickness" as reason to deprive them of their right to govern their own lives (Szasz, 1970).

Where did we err? What faces us now is a dismaying appreciation of a factor that was always there but insufficiently acknowledged in practice—the fact that the social significance of human deviation is in the eye of the beholder. Now we make several criticisms of special education.

In developing the special education service delivery system we have followed a medical model too critically. Seen as a disease, a handicap is assumed to be recognizable by certain symptoms in the person, characterized by a typical onset, course, and predictable outcome. Though what is meant by a medical model is controversial (Brown & Long, 1968), its central features seem to be diagnosis aimed at discovering the disease process at work in the person, identification of the antidote for the offending agent, and treatment under a specialist considered qualified to cure the kind of disease involved.

Since special education had its start in institutions operated under medical auspices to which children were admitted for treatment upon recommendation of their physicians, it is not surprising that special education addressed itself to the crippled, the deaf, the blind, and the mentally retarded. The consumers of the service were quickly viewed as "defective" people or "patients" more than as learners, and attention was unduly directed to treating rat bites instead of getting rid of the rats.

It was not until Strauss (1947) called attention to the possible educational implications of whether the cause of a severe learning retardation was exogenous or endogenous that differences in cause within categorically defined disability classes were seen as critical to educational planning. Appreciation of possible within-category differences related to etiology of the disability led to search for finer and finer diagnostic discriminations, but the effort continued to be directed to more precise determination of etiology within a medical model frame of reference rather than to a learning model, growth process orientation.

The cause of the learning disease is often as much in the environment as in the child.

Though educational changes come slowly, movement away from the traditional categorical disease model approach is now evident on many fronts. The movement is fueled by:

1. Appreciation that handicap can only be defined relative to the response demands placed on the organism. The cause of the learning disease is often as much in the environment as in the child, and, from the educational standpoint, its treatment inevitably involves environmental manipulation to achieve symptom amelioration and improved growth. Education's basic goal must be *maximum realization of potential*, not cure of pathology. Education prevents debilitation as it promotes self realization. Education is a process of growth facilitation.

2. Evidence that much of the data derived from conventional medical and psychometric diagnosis is irrelevant to educational decisions. Once the disability is present, its etiology may be only minimally relevant to treatment needs. In the medical model approach, diagnosis is often too infrequent and too indirect. In some cases diagnosis is carried to the point of overkill with much of the data collected having minimal bearing on what it is possible to accomplish with the child by way of treatment. Techniques of functional assessment have been developed (e.g. functional behavior and task analysis) which

contribute more directly to the educational decisions which need to be made. Assessment continues as an integral part of the ongoing instructional process. Under this kind of approach the traditional distinction between diagnosis and teaching becomes obsolete.

3. Increasing recognition of the painful social consequences of labeling which implies deficiency within the person, unworthiness, less than acceptable status, and the need for change in practices. Findings such as those of Rosenthal and Jacobson (1966) make us too conscious of the dangers of self fulfilling prophecy to allow us to continue to hang categorical labels on children.

4. Evidence that pupils classified into any of the handicap categories are generally significantly different from each other in their learning needs. However the same instructional theory base can suffice for all children if an adequate model is employed. Differences need to be accommodated by the configuration of the problem and the learning plan implemented, but the plan can be based on the same general learning principles. This calls for ingenuity in design of intervention strategies but denies fundamental differences in the way normal and exceptional children learn.

5. Growing appreciation of the relationship between conceptual models and manpower requirements in every area of helping service (Albee, 1968a; Bandura, 1960). We can never hope to provide enough specialists to meet the needs of exceptional children under the traditional medical model approach. Professionalism and licensure presumably rise from ambition to better serve and protect the public interest. All too quickly professions can become vested interests which lose sight of their original mission and try to keep other potentially useful people out of service areas which they are determined to control (NARC, 1970). We have found it possible to break down the functions and responsibilities which need to be served, so staff of different kinds and levels of training can perform them.

6. Mounting awareness that organization around categories of presumed within-child pathology makes it more difficult to articulate the special education service delivery system with the regular education system which is organized around educational tasks.

7. Mounting suspicion that assuming deviant children have trouble learning or conforming because they are sick provides a socially sanctioned excuse for teachers to blame the child for his failure to learn instead of holding themselves accountable for either failing to teach or exacting conformity inappropriately. The potentially pernicious effects triggered by the medical model explanation (e.g. the practice of identifying the deviant as "sick" so he can be segregated for "treatment" by a "specialist" "for his own good") has been called to public attention by a number of writers (Johnson, 1969; Szasz, 1970). To place the origin of the problem entirely in the afflicted person relieves environmental agents of need to change the conditions which nourished, and sometimes caused, the malfunctioning.

8. Recognition that excessive emphasis on the medical system as the essential carrier of services has resulted in an imbalance in funds allocated to medical and educational service systems for the handicapped (Albee, 1969b) as well as placing an unnecessary constraint on attainment of service objectives (NARC, 1970).

We have as keen an obligation to see that conditions prevent the need for special education service as we do to provide direct service for those already maimed.

In assessing how we are doing we use inadequate criteria:

1. We rely too heavily upon increases in enrollment in special education services as measures of our progress. If we really believe that conditions outside the child determine his need for special education services as much as within-child conditions do, then we have as keen an obligation to see that conditions prevent the need for special education service as we do to provide direct service for those already maimed. How impressive is our progress in this regard?

2. We need to examine the validity of our present practice of arguing need for more financial support based on traditional medical model approaches for estimates of staff and other support needs and medically designated handicap category estimates of prevalence. This requires at least a quarter turn in mode of address and a confrontation of the difficult task of changing laws, regulating programs that have the effect of law, controlling the structure and functioning of service delivery systems, and making some significant changes in allocation of resources (Albee, 1968b). This is no mean task, but the importance of the effort does not allow us to ignore it. Again, either we mean it when we say our goal is maximum self actualization or we don't!

We Have Learned How to Improve

As we run an unblinking eye over what we have wrought and see so much we still consider inadequate, it would be easy to yield to incapacitating discouragement or complete rejection of directions taken.

Such reactions dishonor the real achievements which have been made for handicapped children and youth since the 1930 Children's Charter enunciated the right of the physically or mentally handicapped child to "such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability."

Our gains are impressive. The sharpest rise in the service improvement curve occurred within the past two decades after parents organized to advocate effectively for their hidden and outnumbered children and youth. As the exceptional were brought out from behind the institutional walls to benefit from publicly supported special education services in community schools alongside their less troubled peers, the children learned, their parents learned, and professionals learned along with them both.

A handicapped child in a family is no longer a disgrace. Thanks to the courage of parents willing to bring truth to the public so other children could be spared, the problem is now publicly discussible. This healthier focus should be cherished.

The decline in enrollment in state institutions was far behind the increase in population as public school special education services increased. Special educators joined in the discontent explosion in mental health to promote in situ treatment, give preventive as well as corrective attention to debilitating environmental influences, extend service beyond elementary age levels, and, with the help of the vocational rehabilitation agency, prove that the handicapped were capable of independent living given appropriate preparation for experiences such as employment and marriage.

The impact of these achievements should not be underestimated. Vocational training programs, developed for the handicapped under joint special education vocational rehabilitation support, provided models for attacking the problems of high school dropouts when attention turned to another kind of minority population, the economically disadvantaged, through federal OEO (Office of Economic Opportunity) and Title I, ESEA (Elementary, Secondary Education Act) programs (Deno, 1965; Deno, 1966; Deno 1970a; Joseph, Almen, Anderson, & Papatola, 1968; Karnes, 1966; Younie, 1966). Special educators helped to extend the walls of the classroom to include the entire community as on-the-job training was conducted on the actual work site. Work sample approaches to evaluation of functional competence borrowed from vocational rehabilitation practice to improve vocational preparation for the handicapped were forerunners of such evaluation approaches as task analysis. The humanity motivated need to *do something* in the face of the unrelenting failures of the handicapped has led to courageous explorations and invention of new strategies which spread to serve all children better once these strategies effectiveness with the hard to teach is demonstrated.

The humanity motivated need to do something in the face of the unrelenting failures of the handicapped has led to courageous exploration and invention of new strategies which spread to serve all children better once these strategies' effectiveness with the hard to teach is demonstrated.

Vocational rehabilitation research and demonstration grants expedited development of new strategies for bringing the handicapped into the community mainstream and making them an asset to society rather than a liability. They also demonstrated the social value of action research for improving service decisions and confirmed the importance of show and tell as opposed to mere telling in disseminating helpful new findings (Glaser, 1967).

Systematic building on tested models has yielded evidence that a zero reject index is attainable, given determination to maintain such a goal and conditions which permit tailoring of services to human need on educational grounds rather than medical model terms. Experience assures us that it is possible for a program to operate on the assumption that it can change its practices as the total spectrum of community services expands and improves (Krantz, Henze, & Meisner, 1970).

As the success of learning theory applications was documented with handicapped children, dedication to the proposition that learning problems are the consequence of multiple causes rather than single factors led to provision of school sponsored, parent effectiveness, training programs built on educational principles (Patterson & Gullion, 1968). Alertness to the importance of learning the consequences of disability contributed to appreciation of need for early intervention. The effort paid off for countless cerebral palsied, hearing impaired, and disadvantaged children who had various kinds of problems.

As in other instances, use of such approaches spread to work with the nonhandicapped. Tapes for the blind were borrowed by the word blind, and teachers of the normal again concluded that what was good for the hard to teach might be good for apt learners too.

The Will to Act Is There

The list of accomplishments could be carried to great length. Hopefully the point has been made sufficiently to convince the reader that many special educators have been building systematically, step by step, to develop a good

foundation of tested propositions on which improvement can proceed. Today's special education system is not an old, archaic, immovable establishment incapable of change. It is a relatively new social invention devoted to improving the lot of the children and youth it serves, as well as improving the conditions which define them as handicapped. The criticisms special educators level at themselves are the sincere, responsible assessments of workers who take very seriously their obligations to prevent and heal. They sensibly acknowledge their problems only so they can correct them, not because they are inclined to give up.

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We Can Act

In trying to conceptualize how service can be improved there is temptation to either overestimate or underestimate the barriers which exist. We struggle to identify which unlocking would be likely to yield the greatest total benefit from investment of whatever forces for change we can realistically generate. The suggestions of priority advanced here represent an effort to point out realistic, attainable, but still ambitious possibilities. The suggestions flow from certain critical assumptions:

. . . we are in the position of the farmer who declined the help of the argicultural extension agent because he already knew more about farming than he was able to put into practice.

1. At the present time the major barriers to achieving better service for exceptional children and youth are political. Glass (1968) writes with obvious frustration on the point of how inadequately we capitalize on what research evidence we have. Hilgard and Bover (1964) warn how many difficult steps are involved in translating theory into action but do not assume these steps are impossible to take. However, at this point we are in the position of the farmer who declined the help of the agricultural extension agent because he already knew more about farming than he was able to put into practice. Primarily, most serious binds now are not in our lack of a propositional base from which to proceed. Our primary problems are how we can get what we know packaged for better delivery. Our disgraceful fragmentation, duplication, and lack of systematic evaluation of what we do is indefensible.

2. Before we can accomplish an effective team approach, members of the team must possess a sufficiently common base of knowledge to be able to communicate with each other and move forward with common understanding. To achieve a therapeutic community both within and outside the schools, regular and special education must become more truly one community; consumers (parents) must be brought more fully into the act of goal setting; treatment implementation and general support and medical, welfare, and educational systems must be working off compatible child growth and learning principles. This is a large order but essential, and it seems possible to do much better in that regard than we now do. Regular education curriculum specialists, teachers, and administrators must be included in the team as the essential agents they are if unnecessary segregation of the handicapped is to be prevented.

Certain understandings and skills are needed by all who work with children from parent to the most highly trained professional of any discipline, but they must of course achieve different levels of sophistication in the realm represented. Among generic understandings and skills which should not be sheltered as professional secrets of any one discipline we include:

- acceptance that resources are seldom effectively directed unless goals are carefully pinpointed, giving careful consideration to priority of needs among all of the many desirable directions that may intrigue us.
- conviction that effectiveness of effort must be judged in terms of improvement in the child's performance relative to the behavior objectives defined. Amount of input is not a satisfactory basis for evaluating the worth of effort.
- general knowledge of how children grow and learn language and the concepts through which they interact with their environment and knowledge of how differences in the person and environment may affect developmental course.
- ability to assess what is involved in performance of a particular task and ability to analyse whether a child possesses the skills he needs to perform the task he is expected to fulfill.
- understanding of the kinds of hurdles a child faces in trying to discover what he is as a person and how he can achieve a satisfactory way of life within the constraints of the physical and cultural environment through which he must realize himself.
- ability to manage the contingencies governing learning so that the probability is enhanced of a child's behaving in the ways defined as the objective of our presuming to intervene in his life.

Such substance is proper content for programs directed at the education of parents as well as the preparation of the various professionals who are needed on the interdisciplinary team. With such a common core of understandings present among those who work together to promote treatment via a combined therapeutic community approach and treatment directed to specific learning deficiencies, we might have less difficulty translating the language and particular frames of reference of all team agents into more effective action instruments.

3. Before we can get delivered effectively that which we already know how to accomplish, we must have more adequate administrative systems so the service components are brought together for integrated impact in the individual case. We believe that a multidisciplinary interagency approach is essential to improving conditions for handicapped children.

   Handicapped children often have extensive health care needs as well as educational needs. Poor health care contributes to higher incidence of educational problems in economically deprived families.

The concept of the therapeutic community needs to go beyond institutional walls.

Parents of handicapped children need to learn how to be more effective parents; their teachers need to learn how to be more effective teachers; both groups need continuous support of their efforts from a variety of disciplines. The purposes of the traditional inhouse, multidisciplinary, team approach employed in the medical clinic need translation into other forms of outreach to achieve far-reaching changes in children's conditions of growth. All community caretakers must become involved in the act. The concept of the therapeutic community needs to go beyond institutional walls.

What we have is a fair working agreement on an overriding need to coordinate forces which are disgracefully fractionated, unaccountable systems of address for our needs. Much of this grows out of our history of sporadic growth of too isolated service delivery systems which meet a narrow range of crisis demands with poor means for horizontal articulation of effort and which may eventually engulf those they are supposed to help. This chaos is now more openly acknowledged than it was before, so we may have better public support for moving in on this problem. We need to develop laws, rules, and regulations which help solve the problem and are less a part of what causes the problem than they are now. Systems have become too much the masters of the people they were designed to serve. We need to find means of making and keeping them responsive to the needs of the consumers they are charged to help.

4. Whether categorical funding of special education services should be perpetuated is a legitimate question. If advocates for the handicapped complain that categorical funding exacerbates fractionation, are they contributing to the condition they deplore when they urge categorical support of special programs for the handicapped?

   Categorical support of services for handicapped children seems necessary because of political forces. There is no way to budget without alloting amounts to specific purposes or programs, i.e. without categorizing funds. The argument is not really over whether or not funds should be categorized, it is over *who* should do the categorizing.

When general administrators contend that they could insure more effective delivery of regular and special education services if they had full control of all educational funds, advocates for the handicapped are compelled to be skeptical. History tells a story that can't be easily forgotten and shouldn't be.

The principle of the greatest good for the greatest number with political clout still prevails with little challenge in setting spending priorities.

Before categorical support of special educational services was achieved, physically or mentally handicapped children, minority groups, and children from economically disadvantaged families were consistently left holding the short end of the educational stick. They still are. The principle of the greatest good for the greatest number with political clout still prevails with little challenge in setting spending priorities. When the allocation decision is in the hands of agents who represent the totality, it is clear that minority group needs are met only *after* majority needs are satisfied. There is little historical evidence to suggest that the overwhelming weight of majority rule would not still prevail if specific educational funds were not set aside for minorities whose learning needs are not effectively met by the school practices under which most pupils can survive.

This problem is even more acute for children with unobvious handicaps than it is for the physically handicapped. In the later case sympathy and feelings of relief at having been spared loosen the clutch on the purse strings. Besides, there aren't many physically handicapped, so we can afford to be generous. The individual crippled by social discrimination, emotional disturbance, or inadequate so-

cialization training is more likely to be viewed as lazy, recalcitrant, and not deserving of special consideration.

It has been pointed out that the needs of the less favored may be better tended under monarchial systems where noblesse oblige imposes its obligation to give some attention to the poor and afflicted. Under a majority rule approach the majority and minority are in direct competition with each other. The majority, realizing the importance of its power, resists giving up any shred of it.

Equivalence is not achieved by giving the same to each when each one does not start from the same baseline.

Unfortunately the ideal system for sharing limited opportunities equitably seems not yet to have been discovered. Clearly, equivalence is not achieved by giving the same to each when each one does not start from the same baseline. Until the ideal system is achieved, the rights of handicapped children and youth to the services they need for maximum self realization should be made more secure by directing funds specifically for them. They are too weak numerically to compete without an adequate power base for negotiating consideration of their needs in the arena of general competition. It may be that the kinds of transitions suggested can be facilitated by allocating some funds for services to the handicapped to the regular education systems along with clear specification of their purpose. At the same time some categorical funding specifically for the handicapped can be retained as insurance against recurring neglect of their needs.

Given the state of affairs outlined in previous sections several recommendations emerge.

Recommendations

Each state should have a mechanism to act as advocate for the needs of handicapped children. The Joint Commission on the Mental Health of Children (1970) also gave high priority to the need for a child advocacy system.

Our helping service systems have developed as over-isolated, bureaucratic towers where action flows from top to bottom through vertical chains of command, but action is poorly coordinated horizontally among service systems. All systems become concerned too readily with perpetuating their own equilibrium rather than with maintaining responsiveness to the needs of the people they serve.

The state level of organization seems to be the best unit for planning and maintaining standards for services for handicapped children. Each state should have a mechanism to (a) inform its citizens as to what extent the needs of its handicapped children are being met, whether the state's helping service agencies are coordinating their implementation efforts, and whether agencies are acting in terms of agreed upon program development policies, and (b) direct citizen concern about service inadequacies to appropriate channels for correction and promote development of suitable channels of correction if none exist. This unit should not be responsible to any one agency. It should be a free-standing, public advocate unit. It might be financed appropriately through federal funds specified for this public advocacy purpose. Such a mechanism might be known as the "State Commission for the Handicapped" or any other suitable title. It might be asked to perform the following kinds of functions to give it access to the information it needs to carry out its assigned responsibilities:

1. Review all state health, education, welfare, and corrections department program development or budgetary requests involving services for handicapped children before they are submitted to the legislature. This would be done to evaluate whether program expansion and improvement directions proposed are congruent with state programing policies.
2. To maintain a roster of available service resources for the convenience of any who may need to have such information.
3. To issue an annual report to the public on the unmet service needs of the state's handicapped citizens.
4. To maintain an office to receive complaints regarding the failure of agencies to execute their assigned responsibilities properly, to direct such complaints to suitable channels of correction.
5. To hold regular meetings, open to the public, for hearing problems and developing recommendations for their solutions.

Special education programs should be organized for horizontal, cross categorical, function oriented address to service. The vertical continuum of organizational accommodations should reflect the extent to which the service setting and structure to expedite learning in the individual case need to be different from the kind supplied by the regular program. Figure I illustrates a kind of organization which might expedite such an approach.

It might be possible to educate a severely handicapped child right in the mainstream setting if that setting were structured appropriately and the specialists came into that setting rather than having the child come to them.

This does not imply that specialists (in education of the deaf, blind, etc.) would not be needed, but it does question how and where the specialist would serve the child. It might be possible to educate a severely handicapped child right in the mainstream setting if that setting were structured

appropriately and the specialists came into that setting rather than having the child come to them. We should ask what learning variables must be controlled, and how performance is to be evaluated. Figure II illustrates a noncategorical approach to instruction in which assessment is continuous and intrinsic to the process.

Federal professional training funds should be allowed for development of teacher training programs which focus on the functions to be performed by the teacher and the commonalities of instructional theory rather than the present categorical (MR, hearing impaired, etc.) approach. This approach implies more distinctive instructional needs among the handicapped than actually exist among disability types. It assumes that some training of categorical specialists (such as teachers of the deaf) may still be needed because of the direct relation between the condition and certain learning needs which such children have.

More federal funds should be devoted to direct support of training institutions with this support made contingent upon evaluation of effectiveness of funds' use. When scholarships for teachers of handicapped children were first established, there was need to attract professional workers into the field. Though some support to the training institutions accompanied each scholarship given the student, the amount was not sufficient to support training costs.

The primary need at this time is to help the training and research resources survive and have the flexability of support needed to seek more effective training models.

In the meantime training institutions have gotten into increasing financial difficulty, but the supply of students interested in pursuing careers in education has increased. Recruitment is becoming less of a problem. The primary need at the time is to help the training and research resources survive and have the flexibility of support needed to seek more effective training models. Training models first proceeded from "conventional wisdom." We can do better than that now.

A higher proportion of Title VI funds should be used to strengthen state level special education leadership. If we hope to stimulate and enable change in program organization from a disability category emphasis to a character of service focus, more state leadership (and suitably qualified state leadership) is required to engineer the shift. It is no simple task.

Change cannot be achieved at the rate required when state department special education administrative units must compete with other larger, longer established state department units for state education agency personnel allotments. State departments need to have personnel working out in regions of that state to stimulate program growth and improvement that is consistent with statewide planning. This seems essential to getting service in the reach of every needy child. The percentage of Title VI funds allowed for state department administration purposes is too small. It defeats the very purpose of requiring a state plan. On the other hand, until state departments are able to pay personnel salaries which are competitive with what personnel of the required qualifications can command in local school districts, adding funds will only perpetuate and increase weak state leadership.

We can understand why congress may think it desirable to limit the proportion of money absorbed by the administration. Parkinson's law does operate! However, orderly change and accountability cannot be maintained without the means for doing so.

Program evaluation should be required and supported at all levels. While it may be politically advantageous for congressmen to report to their constituents that so and so many more handicapped children were receiving service in their electoral district this year than last year, voters ought to ask to what extent the service really benefits the children. "So what?" ought to be the basic citizen attitude toward numbers describing only program targets or program inputs.

The locked embrace of the public schools which demands that children attend and schools serve whether the child's needs are met or not, combined with lack of demand and resources for public determination of what the investment provided, has contributed to grossly ineffective functioning. Learning how to improve functioning is a monumental task for which developmental capital must be allotted just as it is in successful industries.

We have been pleasantly surprised to find how many handicapped adolescents improve in reading when the immediate real life motivation generated by job success and a paycheck encourages the student to believe he may not be the total failure which an inadequate educational system led him to think he was.

We need to expand and improve our life preparation services for handicapped youth. Under the stress of having little alternative when our clients come to us with reading skills below literate levels, we have learned how to promote functional competency without relying on the printed page (Deno, 1965; Silberman, 1970). We have been pleasantly surprised to find how many handicapped adolescents begin to improve in reading when the immediate real life motivation generated by job success and a paycheck encourages the student to believe he may not be the total failure which an inadequate educational system led him to think he was. Evidence of what has been accomplished with even

the most severely disabled learners convinces special educators that education can reach the too large group of socially disadvantaged adolescents whose education baffles their teachers (Krantz et. al., 1970). They should not have to be considered defective to receive the help they need.

The marriage instituted between special education and vocational rehabilitation services to enhance vocational training opportunities for the educationally handicapped should be expanded. Opportunities possible under vocational education funding need to be more fully exploited. Here again it is essential that mechanisms be developed to coordinate efforts so as to achieve the full continuum of services.

Handicapped adolescents and young adults need assistance in coping with heightened identity crises as do all youth, possibly more so because their identity may always have been more fragile.

Our concern for self actualization requires attention to all aspects of skill acquisition, not just those primarily directed to success in schools as they presently operate and to employment. Handicapped adolescents and young adults need assistance in coping with heightened identity crises as do all youth, possibly more so because their identity may always have been more fragile. Hopefully better acceptance of difference by those who surround the deviant will help him put his differences in better perspective. However, need to cope with social demands accelerated by age related physiological changes cries for inclusion of human relations and family life content in a curriculum that lays the foundation in early school years.

Regulations should be opened to allow public schools to purchase service from suitable private resources, so there will be maximum opportunity for handicapped children and youth to secure the kind of opportunity they want or need. More options are open to the nonhandicapped through specialized private schools. The handicapped do not have the same range of choice; they are highly dependent on what the public school system provides until they reach an age when the vocational rehabilitation agency can share responsibility. That agency is not likely to take over responsibilities the schools are mandated to fulfill.

What If We Don't?

What is likely to happen if we don't move on the problems identified is implied in the reasons given for need to move. If we do not change our behavior in the ways suggested we are electing to:

1. *Perpetuate instructional practices of demonstrated inefficiency.* If we are not responsive to the plea that it is immoral to provide poor treatment for children when we know what better treatment would be, we should be willing to listen to the argument that if we don't help as many of the handicapped as possible become taxpayers we will have to support them ourselves or invest later in more costly efforts.

We should be willing to listen to the argument that if we don't help as many of the handicapped as possible become taxpayers we will have to support them ourselves or invest later in more costly efforts.

The effects of failure to meet needs are evident in the findings on correlates of juvenile delinquency and adult criminality. The findings indicate that 75 percent of the delinquent population is retarded in reading. The 1968 cost for retention of a juvenile delinquent in a federal institution was reported to be $6,935 per man year compared to an average cost per child per year of $696 for education in the public schools. An additional yearly expense of close to 2 billion dollars is incurred through grade retention of children who underachieve in reading. Unless the causes of failure are determined and reduced, the retention profits the child little. It would be eminently sensible to invest these costs in insurance so that more appropriate help could be given. Congressman Carey's statement quoted by Weintraub (1970) illustrates the same consequence when education of the mentally retarded is neglected.

2. *Waste resources that could reach out to more children.* If we don't stop the fragmentation and discoordination of services that clutters the scene and drains our resources unnecessarily, we do not merit public trust. Such irresponsibility cannot be justified on any count and public withdrawal of support would be understandable. The effect on the public of failure to achieve well intentioned aims supported out of humanistic intentions can have a widespread negative effect on chances for all children, just as past successes with the handicapped have had good effects on the education of normal children. Ripple effect works both ways.

We can expect increasing school failure, increasing disenchantment with our school systems, and increasing feelings of alienation in our children and youth if our educational systems continue unresponsive to the personal needs of students. Erickson (1968) suggests that some of the behavior manifest in youth today is a public working out of identity problems which were worked through more privately by youth in past years. The failure of systems to be responsive to human needs makes life more difficult for all.

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